inhalations are likely to be of benefit. Injections of ether and caffeine ward off the collapse. Thoracentesis, done under antiseptic precautions, relieves the pressure upon the lungs, heart, and the great bloodvessels; and if the communication with the bronchi is free, it may be repeated several times. When the secondary empyema appears the liquid may be aspirated, and its bulk replaced by sterilized air, or the germs may be sterilized by antiseptic injections of solution of tincture of iodine, alcohol, and potassium iodide. Thoracotomy is indicated in a very abundant accumulation of purulent material, which is likely to give rise to septicæmia.—*Revue de Thérapeutique Médico-Chirurgicale*, 1894, No. 6, p. 159.

ETHER VS. CHLOROFORM NARCOSIS.

DR. W. KÖRTE believes that the kind of chloroform (English, chloral, or Pictet) makes but little difference; accidents have been observed with all. Deaths may take place in healthy individuals, with sound hearts, before the onset of anæsthesia; in general as 1:2907 chloroform anæsthesias. Gurlt collected the statistics of 14,646 ether-narcoses without death. In a study of 600 cases of ether-narcosis, it was found that under ether the pulse was fuller, stronger, and sudden diminution in the heart-strength was absent; vomiting rarer than with chloroform; after-vomiting is very rare; in over one-third of the cases albumin was found in the urine either before or after the narcosis. Bronchitis of a mild sort was observed, but severe catarrh and pulmonary inflammations were not observed. Ether is not to be used in operations upon the face and mouth. The danger from fire demands certain precautions. Disturbing symptoms did not arise; there were only three instances of respiratory disturbance, with good pulse. The general conclusions are that ether is a slower but less dangerous anæsthetic. Deaths have taken place from ether, and will take place, but they are less frequent. The incidents of narcosis do not appear so quickly as with chloroform, and, indeed, are more amenable to treatment.—*Therapeutische Monatshefte*, 1894, Heft 3, S. 125.

THIOFORM.

DR. JOH JULIUS SCHMIDT states this drug possesses, over iodoform, the advantages of odor and freedom from danger, so that it may be used over large wound areas without danger. Internally it appears to be an acceptable intestinal antiseptic. It is a cheap, innocent, and pleasant dry dressing for wounds, without producing untoward symptoms, and aside from its general surgical applicability, it is especially useful in the healing of large wound-surfaces, as after burns or ulcerations.—*Therapeutische Monatshefte*, 1894, Heft 4, S.164.

THE TREATMENT OF AMENORRHŒA.

DR. PANECKI cites, amongst other remedies, the good results obtained from a grain of santonin administered at night, and also the use of potassium permanganate in from one- to two-grain doses thrice daily. Probably the most useful remedy is iron. Brandt's method of irritating the uterine mucous membrane by the introduction of sounds may result in a single flow, but can only be used in exceptional cases. In the use of electricity it is believed that the faradic current is the best, both poles being introduced into the uterine cavity, antiseptic precautions being observed. In choosing the current, that from a coil of wire thick and short, a current of quantity rather than of tension, is preferred. In case of imperfect development in uterus and ovaries, the current of tension, long and thin wire, may be preferred. The number of applications vary in number from five to thirty, and the duration from five to fifteen minutes. As to the commencement of the treatment, if the amenorrhœa is extreme, it should be begun immediately after the molimen, and continued daily; if it is slight, for ten days before the expected period will be sufficient.—*Therapeutische Monatshefte*, 1894, Heft 3, S. 110.

QUININE AS A REMEDY FOR ENURESIS.

DR. CHARLES S. POTTS believes that enuresis is probably caused in a large number of cases by the failure of the higher centres to properly control the reflex act by which one empties the bladder, associated with a general lack of muscular power and tone; it seemed rational, as quinine is a stimulant to the inhibitory centre, that it would prove useful. Two successful cases are reported, although the quinine seemed to lose its effect in time, necessitating an increase of dose.—*Therapeutic Gazette*, 1894, No. 4, p. 217.

BISMUTH SUBGALLATE (DERMATOL) IN DERMATOLOGY.

DR. J. ABBOTT CANTRELL sums up his experience in the use of this drug as follows: (1) The drug may not be toxic; this property was not investigated. (2) It is not superior to other iodoform substitutes, as iodol and aristol. (3) It does not hinder, but rather increases discharge. (4) It is decidedly irritating. (5) It is a stimulant, rather than an astringent. (6) It cannot take the place which has been allotted to it.—*Therapeutic Gazette*, 1894, No. 4, p. 234.

THE VALUE OF SUGAR AND THE EFFECT OF SMOKING IN MUSCULAR WORK.

DR. VAUGHAN HARLEY, from an elaborate series of experiments, has arrived at the following conclusions: (1) The periods of digestion, as well as the kinds of food taken, have a marked influence on voluntary muscular energy. (2) Irrespective of the influence of food there is a periodical diurnal rise and fall in the power of performing muscular work. (3) More work can be done after than before midday. (4) The minimum amount of muscular power is in the morning, about 9 o'clock; the maximum about 3 P.M. (5) Regular muscular exercise not only increases the size and power of the muscles, but has the effect of markedly delaying the approach of fatigue. (6) The amount of work performed on a diet of sugar alone is almost equal to that obtained on a full diet; fatigue, however, setting in sooner. (7) In fasting, large quantities of sugar (sixteen ounces) can increase the power of doing muscular work during thirty voluntary contractions from 26 to 33 per cent., and the total gain in a day's work may be 61 to 76 per cent., the time